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ABSTRACT

Presented are four papers on Project PACE (Parent Action in Childhood Education), a homebound early childhood program designed to demonstrate the value of early education for developmentally delayed children (birth to 6 years old). In the first paper (by J. Becker) an historical perspective of the project and a brief description of the community based residential treatment center from which it operates are provided. Various aspects of the hometeacher training program are reported, and statistics on 121 children served by the project are cited to support the program's effectiveness in the second paper (by J. Crozier). Covered in paper three (by B. Toohey) is the role of the hometeacher in curriculum development, appropriate use of diagnostic evaluations, and interdependence upon private agency resource personnel. Reviewed in the final paper (by S. Ragona) is the dissemination campaign program used to identify students to be served and insure project growth. (SB)

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PROJECT P.A.C.E.

PARTICIPATION OF PRIVATE AGENCIES IN HOMEBOUND SPECIAL EDUCATION PROGRAMS

The Council for Exceptional Children
54th Annual Convention
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Chicago

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C.E.C. NATIONAL CONVENTION SPEECH -- APRIL 1976

Project P.A.C.E. (Parent Action in Childhood Education) is a homebound early childhood education program designed to demonstrate the value of early education for developmentally delayed children from birth through six years of age. Any child with any type or degree of handicapping condition qualifies for the program. Thus P.A.C.E. serves children who are mentally or physically handicapped, visually impaired, hearing impaired, speech delayed, hyperactive or chronically disruptive. Today we wish to share many facets of our program which have allowed it to become a viable educational model of instruction. Before examining the P.A.C.E. project in detail, I wish to present this audience with a historical perspective of the project and a brief description of the community-based residential treatment center from which it operates.

Project P.A.C.E. operates administratively under the auspices of Area Residential Care, Inc., located in Dubuque, Iowa. As an Agency, Area Residential Care was one of the first community-based treatment centers for the handicapped to be operational in the state of Iowa. Opening its doors for service in August of 1968, this Agency was to 1) develop comprehensive training and service programs for all ages of the mentally handicapped and secondly 2) to facilitate in the transfer of these individuals from large

state institutions to their community. The early vision and philosophy of the Agency was a novelty within the state and the challenge ahead was clearly present. Since its inception, the Agency has witnessed a growth pattern in terms of the quantity and quality of services provided that is in many respects remarkable. Selected examples of our rapid development include facts such as: our client population has tripled within the last three years and our Agency funding has tripled. Area Residential Care now serves over 300 individuals in related services and employs a staff of one hundred twenty individuals trained to offer very specialized and diversified services. Our encatchment area includes five counties in Northeast Iowa with a population of 170,692 and a geographical area of 3,188 square miles. The philosophy of normalization as espoused by Perske, Wolfensberger and others is tenaciously adhered to by all services components within our Agency. To realize this one can trace the evolution of our agency and note how the three major service components have designed their programs. The Residential Services component provides not only structured residential training services for our less independent clients, but additionally operates three group homes designed for our higher functioning clients. Likewise, Vocational Services sponsors a work activity program at our central agency and further implements two vocational training centers housed within the business-industrial sector of two communities. With the creation of supervised apartment-living

and services for the senior citizen who is mentally handicapped, new programs continue to flourish and enrich our agency total offerings.

As with these previously cited examples, Educational Services at Area Residential Care (of which I am Supervisor) have matured and specialized its services while never losing sight of the philosophic value of normalization and never losing sight of the importance of early education for the handicapped. In addition to Project P.A.C.E. Educational Services provides a Developmental Day School for sixty children age 4-14 which is located at our agency. Children served in our Developmental Day School attend a 12 month education program which is in session Monday - Friday from 9:00 - 3:00. Key program ingredients for our Developmental Day School include a competent and diversified teaching staff, a resource staff of six (speech clinician, speech aide, physical therapist, music therapist, physical therapist assistance, and behavior modification therapist) who both design and implement programs, individualized educational caseplans per pupil, parental training and involvement and an innovative curriculum for moderately, severely and profoundly handicapped pupil which was selected for publication by Charles C. Thomas in December 1974. This publication represents the educational programs which were designed and field tested by our professional personnel during the past three years of our Developmental Day School. While

providing a comprehensive education program for many children, it was my belief in the spring of 1973, that a crucial educational void existed within our services. More precisely we were not at that time providing educational services for children below the age of four. Secondly due to the geographical size of our encatchment area we were prohibiting some children age four and above from attending our Developmental Day School and finally we were providing no preventive early education programs that might well ameliorate mild handicapping conditions present among very young children. Following much personal research, visitations to other programs and climaxing in a journey to the Portage Project, Project P.A.C.E. was designed in the form of a project narrative, submitted to the Agency's Board of Directors and Executive Director for approval and became an operational reality September 24, 1973. At that time there were three Project P.A.C.E. teachers and a pupil population of twenty-eight. Currently we serve one hundred children with a teaching staff of ten. The rationale for a hometeaching model includes the following points:

1. A classroom setting to serve all eligible children in a four-county area would not be feasible due to the geographical area and the resultant transportation problems as well as the obvious diversification of special needs of the children.

2. Even with several children identified in a smaller area (i.e. school district) the handicaps and ages vary so greatly that it is a disadvantage to the children to place them in one group.

3. Learning is occurring in the child's natural environment thus lessening the need for transfer of learning from school to home.

4. There is direct and on-going access to behavior as it occurs spontaneously.

5. Maintenance of desired behaviors is more likely to occur if the behaviors have been learned in the natural environment.

6. The training of parents (natural reinforcing agents) will provide them with the skills necessary to deal with new behaviors of their child.

With this rationale, dedicated and energetic teachers, total community and agency support, and flexible administrative direction, Project P.A.C.E. has not only demonstrated that a viable hometeaching program can be administered under the auspices of a community-based residential treatment center, but also has demonstrated the value and beauty of early parental involvement with children suspected of possessing handicapping conditions. We have a more thorough P.A.C.E. story to tell and thus with the stages set we'll share with you the many facets of Project P.A.C.E.

Thank you for your attention.

The Role of the Project's Training Co-ordinator Including the Training of Effective Project Hometeachers, and Parents as Effective Teachers of Their Children

Presented by Jill Crozier

Our hometeaching staff comes from a variety of backgrounds. We believe that the interaction of multi-disciplinary backgrounds leads to a broadening and strengthening of our service offerings. Some of the educational backgrounds which are now represented by the Project P.A.C.E. staff include B.A.'s in psychology, secondary education, special education, speech, and dance to name a few.

In view of the varied experiences and education of our teachers, it was necessary to design a flexible, functional, and highly individualized program from which each teacher's actual training curriculum could be drawn. It is the responsibility of the project's training coordinator to effectively train each teacher. Statistically speaking, this has been accomplished.

Each new hometeacher is exposed to a behaviorally-oriented training program, one part of which starts with a pre-test and concludes with a post-test score of 90% accuracy. Time needed for training, then, may vary from 4 days upwards to 3 weeks depending upon the individual teacher's areas of deficit and strength.

The pre-test is in the form of a specific checklist asking if the new teacher can:

1. Define and/or identify P.A.C.E. terms, agency terms and Behavior Mod. terms

2. Name and/or identify community resources, referral agents and agency personnel and,

3. Show an understanding of where forms are kept, job descriptions of administrative and resource personnel, etc..

After the pre-test is completed, the new teacher receives a training packet containing, sequentially, all the forms necessary for the entire home visitation process, and an explanation of each. These packets are simply for the future reference of the teacher and are not to serve as the only means of training. Each form and each step of the process is thoroughly explained by the Training Co-ordinator.

There are many other facets of training besides the packets and checklists. The new teacher spends some time observing in the classrooms of the Developmental Day School at Area Residential Care.

Observation is made of the classroom as a whole, but more specifically of one child. The teacher is to behaviorally define every activity in which that child is involved throughout the day and cite uses of specific behavioral principles. The hometeacher also uses this time to role play the administration of our primary assessment tool, the Alpern-Boll

Developmental Skills Age Inventory, which tests the areas of academics, self-help skills, physical skills, speech, and socialization skills. It is an inventory type tool in which the parent is informant. Credit is given to the child in years and months for each skill exhibited. Observation is also made of agency resource personnel (physical therapist, speech therapist, behavior mod. therapist,music therapist) both in the classroom and in the homes. These people are called upon as consultants to the hometeachers to do additional testing of P.A.C.E. pupils and offer suggestions for remediation. It is expected that each teacher will also utilize community resource personnel (county psychologists, audiologists, learning disability experts, etc.) as dictated by the needs of the child.

Teachers are assigned readings in such areas as MR, ED,SLD, B.MOD., and parenting, and are encouraged to use the project's lending library, which covers many of the aforementioned areas. Books from our library may also be borrowed by parents.

One of the most effective methods of training is the observation of actual homevisits performed by already trained hometeachers. Many behaviors which must be emitted by a teacher in the home are hard to teach by methods other than modeling. These would include being professional in the home while also maintaining and constantly improving rapport with parent and child, learning how to handle difficult and/or unexpected situations, and learning how to shape parental behaviors in a way most non-threatening to them.

Now that pre-service training has been completed with an accuracy of 90% on the checklists, in-service training becomes an ongoing process. Friday afternoons are set aside every week for the P.A.C.E. staff to come together for special programs (such as local psych speaking about pre-kindergarten testing), field trips (such as to other facilities in the community or state to which a P.A.C.E. child might be referred), and for general information sharing by everyone. This is the time to discuss specific problems that may be of interest to the group or specific programs that some teacher has found effective.

We're very excited about our program and the gains our children have made. Let me share some of the statistical gains with you. You will find these statistics on the blue data sheets you have received, if you would care to follow along.

The sample of children used in gathering our data consisted of 121 children between 10 months and 9 years 4 months of age. Nearly half of these pupils are between the ages of 3 years 0 months and 4 years 11 months, but each child must be developmentally delayed in order to qualify for enrollment in P.A.C.E.

Seventeen hometeachers wrote 5314 teaching prescriptions between pre-test and post-test III, 16.27 months later. Nearly 88% of these (4658) were accomplished. Since a baseline is taken on each activity before it is prescribed and since the baseline must be below 100%, we feel that the 88%

accuracy level of prescriptions written and accomplished can tell us many things about the teachers' abilities to

1) target the next area on which the child should work

2) target an effective method of teaching the activity

3) teach the parents how to teach the activity to their child.

This 88% also tells us of the parents' ability to follow an effective method as prescribed and to be effective teachers.

Many P.A.C.E. pupils are multi-handicapped and therefore difficult to classify as to primary handicapping conditions. For this reason, all children were classified as to their most handicapping disability. Nearly 3/4 of our sample could be classified as mentally retarded, developmentally delayed, or speech delayed, with the other 1/4 suffering from emotional disturbance, physical handicaps; visual, hearing or learning disabilities or chronically disruptive behavior.

Every child is pre-tested upon enrollment into P.A.C.E. and then post-tested about every 6 months afterwards. The exact number of months between test and post-test may vary, however, due to extenuating circumstances such as sickness in the family or bad weather or road conditions. Due to this variance, an average was found for months between pre-test and post-test I, post-test I and post-test II, and post-test II and post-test III.

The greatest gains in all five Developmental areas were witnessed between pre-test and post-test I where P.A.C.E. pupils, admittedly high-risk children, gained more developmentally that normal children probably would in the same time period. Then, as expected, this rate of gains lessened with each post-test. Post-test III has been administered to only 25 subjects as most pupils have not been in the program the length of time necessary to have a P_{III}.

During the 31 months that Project P.A.C.E. has been an operational reality, we have noted great growth. But we have also noted the matriculation of a number of students into other programs. Nearly 1/3 of these students have left P.A.C.E. to receive private school or agency programming. Nearly 13% are now attending a public school classroom, be it a trainable mentally handicapped program, educably mentally handicapped program, or a normal kindergarten or first grade. Almost 50% of the children who have left P.A.C.E. have done so due to parental request. Very few parents (2) have not enjoyed the program and withdrawn. Some common reasons for parents to request that the program cease include sickness or death in the family, moving out of the P.A.C.E. encatchment area, or foster children being returning to parents out of the area. Most of the children in this parent request category no longer needed a P.A.C.E. hometeacher due to 1) the parents newly shaped abilities to teach or 2) the remediation of the child's disability.

Okay, now let's see what happens when a child is referred to P.A.C.E. The referral is called in by a referral agent to Project P.A.C.E.'s Training Co-ordinator who contacts the family and makes an appointment when she can visit with them on a preliminary homevisit. This preliminary homevisit serves primarily as a time to meet the parents and child and to inform them of our service. If the parents feel P.A.C.E. can help them then the training co-ordinator assigns a hometeacher to the child.

Thus, the preliminary steps have been made toward setting the stage for the P.A.C.E. Hometeacher. Now the hometeacher who has had the child assigned to his/her caseload may set up an appointment with the parent for the initial homevisit.

The Role of the Hometeacher in Curriculum Development, Appropriate Use of Diagnostic Evaluations, and Interdependence Upon Private Agency Resource Personnel

Presented by Bill Toohey

The preliminary homevisit has been completed now and the parents are awaiting the arrival of their hometeacher fully aware of what will take place. The homevisits last for 1½ hours and take place once each week. The first homevisit is called an initial homevisit and is an excellent time for everyone to get acquainted and for the teacher to begin building rapport with the family whom he or she will soon become quite involved. After all of the forms are completed to properly enroll the child in the program the hometeacher administers the Alpern-Boll Developmental Profile which has already been explained. This will enable the teacher to discover those areas in which the child exhibits the greatest deficit, and to determine the overall level of the child in five developmental areas. As a general criterion a child must be behind one year in at least one developmental area to qualify for our services. For example, a child may be functioning at his age level or even above in four developmental areas, but be one year behind in language. This child would qualify for our program. We will also accept children with behavioral disturbances. The Alpern-Boll is an important tool in determining the eligibility of a child for our program. After completing the Alpern-Boll the hometeacher administers a checklist in which the parent is also used as the informant. The checklist consists of 420 behaviors or approximately 85 items in each of the five developmental areas. Each item is accompanied by suggestions to achieve mastery and serves as a basis for lesson planning in the future. Throughout the initial homevisit the parent is encouraged to ask questions, make suggestions, and discuss any concerns they may have. The initial

homevisit with forms to fill out and evaluations to perform is also important in that it sets the stage for the long road ahead.

The second homevisit consists of a trip to Social Services located in the child's county of residence. During this visit it is determined whether the family will be eligible financially for P.A.C.E. services. This is determined by a set of financial guidelines taking income and size of family into account. There is no charge to the family if it is found that they are eligible for our services. Although the hometeacher accompanies the parents to Social Services, he or she takes no part in any of the financial aspects involved. It is merely a convenience for the parents and a further step toward good rapport.

The third homevisit is the time when actual teaching begins. The parents know what is expected of them as they have already received a parental contract which outlines various necessities in structuring a program for the child. This contract focuses mainly upon setting an atmosphere which will facilitate the child's learning, and completing the activities left in the home each week by the hometeacher.

During the visit the teacher works with the child on activities most essential to the child's development. The parent observes constantly while the teacher models various teaching methods. It is expected that the hometeacher explain why various methods are being used.

Soon the parent attempts the activity using the teacher as a model. During this time the teacher offers suggestions and comments as to what the parent can do to improve but also reinforces a job well done.

After the many activities are completed an activity is left with the parent which they are required to do each day until the next homevisit. This is written on an activity chart with the task to be performed written behaviorally so that the parent knows exactly what is expected. Specific directions are also included that may be referred to throughout the week. It is important that the activity is written so that it can be mastered during the week to avoid discouragement.

Each day the parent performs the activity and then records the results on the chart. These results serve as a reinforcement for both parent and child and measures the child's progress during the week. Parents are trained to use techniques such as positive reinforcement (social & edible), time outs (different methods suitable to the needs of the entire family) and extinction.

Also written on the Activity Chart is the baseline and post-basal which measure the child's progress from one homevisit to another. The baseline is taken by the hometeacher before the activity begins. The post-basal is taken after the child has been working on the activity for one week.

A major responsibility of the hometeacher is to determine the needs of a child by observing, consulting with others, and referring to the checklist.

Using these as a basis the hometeacher constructs a list of projected goals for the student. These goals change periodically as the student progresses. To facilitate fresh and realistic goals, the Alpern-Boll and the checklist are readministered every six months and used to write a progress report on the pupil. Specified goals and individual student progress are continually monitored by the hometeacher.

The hometeacher spends a great deal of time developing a curriculum for each individual student according to goals established. Many resources are tapped by the hometeacher to assure that each pupil receives the best possible education. Administrative personnel are very helpful in assisting curriculum development by offering reading materials, giving alternatives, and referring the hometeacher to our resources.

The P.A.C.E. staff also has at its disposal an agency library, a P.A.C.E. library and three college libraries.

In addition to the previously mentioned, one of the most helpful aids in curriculum development is staff interaction. More often than not, some staff members have already experienced and researched what may be new to other staff members.

If the hometeacher finds that a child has a speech or language handicap or has a motor handicap, he or she consults Area Residential Care's speech therapist or physical therapist. Also at the disposal of the teachers is a

Behavior Modification Therapist and a Music Therapist. If warranted the therapist accompanies the teacher to the home where she will test the child for specific disabilities and discuss recommendations with the hometeacher and the parent. The therapist then schedules periodic homevisits for this child as needed. These resource people serve as a valuable source of information for the hometeacher through recommendation, provision of reading materials, and the initiation of in-service training for staff members.

Occasionally a child may require a more intense evaluation at a major diagnostic evaluation center. It is the duty of the hometeacher to assist the parent here in any way possible after the family physician refers the child to the diagnostic site. Another is to send a progress report to inform the diagnostic personnel of pertinent information which will facilitate the evaluation. Upon arrival the hometeacher requests information, asks questions and assists in the evaluation upon request of the diagnostitions. The recommendations obtained are initiated by the hometeacher who also clarifies these recommendations for the parent.

These major diagnostic evaluation centers have been an excellent source of referrals for Project P.A.C.E. as well as having served as important resources of information. The utilization of these people is a valuable help to P.A.C.E. and the children we serve.

Dissemination of Project Information: An Innovative and Effective Procedure for Pupil Identification and Project Growth

Presented by Sandy Ragona

Project P.A.C.E. was created with the belief that educational services for the handicapped left a major area virtually untouched--that being the years prior to public school admittance. Therefore, there was a need for such a service for this segment of the population. Our problem was twofold, first to inform the public of that need, and then identify the families we might serve. So, the dissemination of Project P.A.C.E. information is a necessary and involved procedure for pupil identification and Project growth. We have found that the growth of Project P.A.C.E. is dependent on referral agents in the communities we serve, and that these referral agents have also come to depend on P.A.C.E. to provide services unique to our project. Without referral agents, Project P.A.C.E. would lose its source for pupil identification causing the program to function below its capabilities.

With this in mind I will explain the procedures that are innovative and effective in fulfilling the Project's needs. This will entail the discussion of our dissemination campaigns and our expansion due to the effective use of various forms of media.

Although P.A.C.E. attempts to disseminate program information continuously throughout the year, our major effort is a dissemination campaign which is launched periodically. Thus far we have completed 3 campaigns, each one improving in respect to planning and effectiveness. The P.A.C.E. staff

utilizes two different approaches depending upon the situation. When Project P.A.C.E. initially offers its services to a county, our approach is more concentrated and intense. The first campaign into the county is the primary time for us to acquaint the public with P.A.C.E. and hopefully identify prospective families. The second campaign, which is six months to one year later, is aimed at recontacting and re-informing the public in those previously contacted counties. After that recontacting takes place annually and is essential in maintaining program awareness and pupil identification.

As dissemination coordinator it is my duty to make the initial plans and delegate responsibilities prior to the time the hometeachers converge on the designated counties. The first step is the division of that particular county into smaller areas based on community size and population. An appropriate number of teachers is then assigned to these areas. For example, 2 teachers might be responsible for canvassing 6 towns.

An important facet in the campaign preparation is the comprisal of a list of names, addresses and phone numbers of key resource people. This list is then divided to correlate with the area assignments previously given to the hometeachers. Such key persons would be lawyers, doctors, clergyman, school personnel, county and social service agencies. Due to their major role in the community, many of these people are limited in the time they can spend with a hometeacher. By making an appointment we can best maximize the time

spent by both parties. A brief description of P.A.C.E. and the purpose of the visit is discussed over the phone providing these persons with the opportunity to begin reviewing the population they serve for possible P.A.C.E. candidates. It is also necessary to design various forms which could be useful to the hometeacher in collecting pertinent data. After much consideration the following forms were designed. Each referral is listed on a sheet with pertinent data, such as names, address, birthdate, disability and sources of referral. Each person contacted is recorded on a community resource sheet along with information necessary for recontacting. Then, this information is transferred to individual cards, cross referenced, and filed for future use.

We also designed a school resource sheet to collect and update data concerning available public and private school programs. We record such information as the names of school personnal, available programs and requirements. Throughout the program in order to reinforce as much as possible normalization in development, there comes a time when a child either transfers into another program or enters a program in addition to P.A.C.E. Therefore, it is important for the P.A.C.E. staff to be fully aware of these available services.

All these forms are placed together to make dissemination packets for each hometeacher. In addition to these forms, each packet contains the county divisions, teacher assignments, a key resource persons list, a current student roster, a calendar and map.

Arrangements are made so that P.A.C.E. receives news coverage from a variety of medias prior to and during our dissemination campaign. We have public service announcements featuring children from our P.A.C.E. families and interviews on local radio stations. The local newspapers are also helpful by printing articles at the time of our campaign.

Now that the initial plans are completed and responsibilities delegated, the hometeachers are ready to execute their duties.

The hometeachers group together according to their divisions. They decide who will make which contacts and what preparations. The phone calls are made to key resource people, after which an appointment is established.

As further preparation, the hometeachers are require to participate in role playing activities. These are monitored by our Education Supervisor, Training Coordinator and myself. They practice meeting with a school principal, a lawyer and "a man on the street".

With all necessary materials in hand, the hometeachers are ready and eager to begin disseminating information. Once in the community the hometeacher attempts to contact as many people as possible, people who in any way may be knowledgeable of children we might serve. So in addition to the appointments made by phone, to key resource personnel, the hometeacher walks from store to store explaining P.A.C.E. to store owners and simply the man on the street. The

combination of these contacts has been our major source of referrals.

By now you can see the important role the hometeachers play in promoting P.A.C.E. and expanding its services. They are essential in the information campaign in addition to their participation in on-going dissemination efforts. While executing their teaching role the hometeachers further contact persons in the community that have relevance to the family. As previously mentioned by Bill, the accompaniment of the parents by the hometeachers on consultation visits has been an excellent opportunity for the growth and betterment of P.A.C.E. The hometeachers are fully aware of the homebound instruction model: its successes, its trials, and the care and understanding so needed to create and effective home and learning environment. Therefore, who is better equipped to promote our program.

Aside from our campaign efforts, we are engaged in continual dissemination activities, through news coverage on both radio and television and in newspapers. We are being represented in educational publications and journals. These representations have been handled on local, state, national and international levels.

Various slide presentations are given to groups ranging in size from 8 to 300. They vary from professional groups to social or student groups.

Since the inception of Project P.A.C.E. we have introduced the program to over 2,500 people through 54 presentations.

Another important factor in project growth that merits attention is the already enrolled P.A.C.E. families. The parents are an excellent tool for spreading the word about our program, if by nothing else, their acceptance of such a service into their home. They, too, are involved in various dissemination efforts such as parents meetings and family picnics. Some parents have participated in the presentation of our slide shows and television interviews, others have played a major part in laying the groundwork for our community acceptance through their conversations with next door neighbors or social groups.

Two other innovative tools are the utilization of our P.A.C.E. brochure and bumper sticker which have been widely distributed to our referral sources.

I have been discussing our modes of pupil identification and project growth. However one important aspect must be mentioned. That is our firm belief that the expansion of P.A.C.E. further promotes the services essential for fulfilling the needs of the preschool handicapped child. During our campaigns and other dissemination efforts, we are informing persons of the presence of such children. We are establishing an awareness of their needs and rights to a normal life. As we work in the homes, the parents acquire realistic expectations with an understanding and acceptance of the child's wants, needs, and capabilities. They are shaped into competent teachers capable of dealing with the child while enrolled in P.A.C.E. and in later years as the child matures. Thus the family learns to function at their highest capacity as a normal unit.

Project P.A.C.E., or a program like ours can be replicated. This has been demonstrated through our affiliation with the Portage Project, a program similiar to P.A.C.E., which already has replication sites throughout the United States. We have shown how a homebound program can be an effective and innovative outreach program of a Private Agency already serving the handicapped population.

As the awareness and understanding of the handicapped grows amongst such agencies, local communities, families, and parents of a child, there will be an increasing opportunity for the handicapped child to grow and lead as normal a life as possible now and in generations to come.